

“EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME (STP) ON KNOWLEDGE REGARDING CONDUCT DISORDER AMONG PRIMARY SCHOOL TEACHERS IN PIPRALI RURAL COMMUNITY, SIKAR DISTRICT, RAJASTHAN”.

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Abstract: **Background:** Conduct disorder (CD) in children is a pervasive behavioural issue that often goes unrecognized in rural educational settings. Primary school teachers, as frontline observers of child behavior, play a pivotal role in early identification and intervention. However, their knowledge of CD remains limited, especially in underserved regions. **Aim:** To assess the effectiveness of a Structured Teaching Programme (STP) on improving the level of knowledge regarding conduct disorder among primary school teachers in Piprali rural community, Sikar district, Rajasthan. **Methods:** A quasi-experimental study was conducted in January 2016 among 100 primary school teachers (50 experimental, 50 control). A validated self-structured questionnaire assessed knowledge pre- and post-intervention. The STP was delivered to the experimental group, while the control group received no intervention. Descriptive and inferential statistics, including chi-square tests, were applied. **Results:** Post-intervention, the experimental group showed a statistically significant improvement in knowledge scores (mean increase of 12.4 points, $p < 0.001$). Chi-square analysis revealed significant associations between knowledge gain and variables such as teaching experience, educational qualification, and prior exposure to behavioural training. **Conclusion:** The STP was effective in enhancing teachers' knowledge about conduct disorder. Integrating such programs into teacher training curricula could foster early identification and management of behavioural issues in children. **Keywords:** Conduct Disorder (CD), Knowledge, Primary teachers, School Children, Structured teaching programme (STP), Behavioural issues in children.

I. INTRODUCTION

Conduct disorder (CD) is characterized by a persistent pattern of antisocial, aggressive, and defiant behaviours in children and adolescents, often leading to significant impairment in social, academic, and emotional functioning.¹ In rural India, the prevalence of CD is underreported due to limited awareness and diagnostic resources.² Teachers, especially in primary schools, are uniquely positioned to observe early signs of CD, yet their understanding of the disorder is often superficial or absent.³ Teachers, particularly those in primary schools, are often the first to observe behavioural deviations, yet their ability to identify and respond to such disorders is frequently constrained by a lack of formal education in child psychology.⁴ The Piprali rural community in Sikar district, Rajasthan, represents a typical underserved educational setting where behavioural issues in children are frequently misunderstood or neglected. Prior to December 2015, no structured educational interventions had been implemented in this region to address teachers' knowledge gaps regarding CD.⁴ This study was conceptualized in November 2015 and executed in January 2016 to evaluate the impact of a Structured Teaching Programme (STP) on the level of knowledge among primary school teachers regarding conduct disorder. The STP was designed to be culturally sensitive, pedagogically sound, and practically applicable in rural classroom settings.⁵ The World Health Organization emphasizes that mental health promotion within school environments is a critical strategy for early detection and intervention.⁶ Schools serve not only as academic institutions but also as social ecosystems where behavioural patterns emerge and evolve. When teachers are equipped with the right knowledge and tools, they can play a transformative role in recognizing and managing conduct-related issues before they escalate. However, behavioural problems in school children often go unnoticed, especially in rural settings, due to insufficient teacher training and lack of structured support systems.⁷ This gap in awareness and preparedness contributes to delayed referrals, mislabelling of children, and ineffective classroom management strategies. In contrast, school-based interventions—particularly those that are structured and evidence-informed, have demonstrated significant promise in enhancing teacher responsiveness and confidence.⁸ These programs not only improve knowledge but also foster attitudinal shifts that are essential for sustained behavioural engagement. Recent studies have shown that educational interventions tailored to teachers' needs can significantly enhance their ability to manage behavioural disorders, including conduct disorder.⁹ Such interventions often incorporate interactive teaching methods, case-based learning, and culturally relevant content, making them more accessible and impactful. Moreover, structured teaching programs designed specifically for rural contexts have proven effective in bridging the knowledge gap, empowering educators to act as gatekeepers of child mental health.¹⁰

II. OBJECTIVES

1. To assess the pre-intervention level of knowledge regarding conduct disorder among primary school teachers.
2. To evaluate the effectiveness of a Structured Teaching Programme (STP) in improving knowledge.
3. To compare post-intervention knowledge scores between experimental and control groups.
4. To identify associations between demographic variables and knowledge levels.

III. RESEARCH METHODOLOGY

Design: Quasi-experimental, pre-test post-test control group

Setting: Primary schools in Piprali, Sikar

Population: Primary school teachers

Sample Size: 100 (50 experimental, 50 control)

Sampling Technique: Stratified random sampling

Tool: Self-structured knowledge questionnaire (validated, reliability coefficient = 0.87)

Intervention: STP delivered via interactive lectures, case studies, and role plays

Duration: 2 sessions over 2 days

Conceptual/Theoretical Framework

Table 01: Modified Rosenstock's Health Belief Model (HBM) was used in the study.

Component	Application in Study
Perceived Susceptibility	Teachers' recognition of children at risk for CD
Perceived Severity	Understanding the impact of CD on academic/social life
Perceived Benefits	Value of early identification and intervention
Perceived Barriers	Lack of training, resources, and awareness
Cues to Action	STP as a trigger for behavioural vigilance
Self-Efficacy	Confidence in managing and referring children with CD

Data Analysis: data analysis was performed using SPSS v22; both descriptive statistics such as frequency and percentage, mean and SD and inferential statistics such as paired *t*-test, independent *t* test, chi-square test for association were performed.

IV. STATISTICAL ANALYSIS

Section I: Descriptive Statistics

Table 02: Frequency distribution of Sample characteristics.

(N=100)

Demographic Variables	Experimental Group (n=50)	Control Group (n=50)
Age		
21-30 yrs.	18	20
31-40 yrs.	22	20
41-50 yrs.	10	10
Gender		
Male	22	24
Female	28	26
Educational Qualification		
Bed (UG)	38	40
Med (PG)	12	10
Teaching Experience (Years)		
01-05 yrs.	12	14
06-10yrs.	20	18
More than 10 yrs.	18	18
Medium of Instruction		

Hindi	34	36
English	16	14
Prior Behavioural Training		
Yes	12	10
No	38	40

Interpretation: The groups were comparable in baseline characteristics, ensuring internal validity.

Section II: Knowledge level of Primary school teachers regarding conduct disorder

Table 03: Distribution of Knowledge Levels – Pre-test and Post-test

(N = 100)

Knowledge Level	Score Range	Experimental Group (n=50)				Control Group (n=50)			
	Pre-test		Post-test		Pre-test		Post-test		
	(f)	(%)	(f)	(%)	(f)	(%)	(f)	(%)	
Low (0–10)	26	52%	0	0%	28	56%	26	52%	
Moderate (11-20)	24	48%	6	12%	22	44%	24	48%	
High (21-30)	0	0%	44	88%	0	0%	0	0%	

Interpretation: Pre-test: Majority of participants in both groups had low to moderate knowledge about conduct disorder. Post-test (Experimental Group): A dramatic shift occurred, with 88% reaching high knowledge levels after the STP. Post-test (Control Group): No participants reached high knowledge; most remained in the low to moderate range. This confirms the effectiveness of the STP in significantly improving knowledge levels.

Inferential Statistics

Section III: Effectiveness of structured teaching programme on knowledge levels.

Table 04: Paired t table, before and after intervention comparison of the experimental and control group

(N=50)

Group	Variable	Mean Pre	Mean Post	Mean Diff	Paired t-value	p-value
Experimental Gp.	Knowledge level	11.6± 3.4	24.0± 2.8	+12.4	9.87***	<0.001
Control Gp.		11.8 ± 3.2	12.2 ± 3.1	+0.4		

Interpretation: On comparison of the knowledge score before and after the intervention, the experimental group showed marked improvement in post-test scores. (Statistically significant at p<0.001 level), while the control group remained largely unchanged.

Section IV: Comparison of Post test Intervention Knowledge Scores.

Table 05: Independent Samples t-Test depicting the Post-test comparison between Experimental and Control Groups (N=100)

Group	Mean Post-test Score ± SD	t-value	df	p-value	Interpretation
Experimental (n=50)	24.0 ± 2.8	18.42***	98	<0.001	Statistically significant difference
Control (n=50)	12.2 ± 3.1				

***Significant at p<0.001 level.

Section V: Chi-Square Test for Association+

Table 06: Association between knowledge and demographic variables.

(N=100)

Variable	χ^2 Value	df	<i>p</i> -value	Significance
Educational Qualification	6.42	1	0.011	Significant
Teaching Experience	4.88	1	0.027	Significant
Prior Behavioural Training	5.91	1	0.015	Significant
Gender	0.42	1	0.517	Not Significant
Type of School	1.33	1	0.248	Not Significant

V. RESULTS AND DISCUSSION

The present study demonstrated that a Structured Teaching Programme was effective in improving the knowledge score of primary school teachers. The experimental group showed a highly significant improvement in knowledge scores following the STP ($p < 0.001$). The control group exhibited a non-significant change, confirming that the STP was the key factor in enhancing knowledge. These results validate the effectiveness of structured educational interventions in rural teacher populations. The results align with earlier research by Mishra and Singh⁹, who found that structured educational interventions significantly improved teachers' understanding of child mental health issues. Their study emphasized the importance of culturally adapted content and interactive delivery methods—both of which were incorporated into the STP used in this research. Similarly, Reddy and Newman⁸ highlighted the role of school-based prevention programs in improving teacher responsiveness to conduct problems. Their findings support the notion that when teachers are equipped with relevant knowledge and skills, they are more likely to identify behavioural issues early and initiate appropriate referrals. This is particularly crucial in rural settings, where access to mental health professionals is limited. The World Health Organization⁶ has long advocated for mental health promotion within school environments, citing early detection as a key strategy for reducing long-term morbidity. Our study reinforces this recommendation by demonstrating that even a brief, structured intervention can yield substantial improvements in teacher knowledge. In the Indian context, Sharma and Gupta⁴ reviewed multiple studies on conduct disorder and concluded that lack of awareness among educators contributes to underdiagnosis and mismanagement. The present study addresses this gap by providing empirical evidence that structured training can effectively bridge the knowledge deficit. Furthermore, Gupta and Jain¹⁰ emphasized the need for region-specific teaching programs tailored to rural educators. Their findings resonate with our approach, which involved contextualizing the STP to the linguistic, cultural, and educational realities of the Piprali community. The high post-test scores and positive feedback from participants suggest that localized interventions are both feasible and impactful. The association between knowledge and demographic variables such as educational qualification, teaching experience, and prior behavioural training was statistically significant. This suggests that teachers with higher academic backgrounds and prior exposure to behavioural concepts are more receptive to structured learning. These findings are consistent with those of Kumar and Meena⁵, who reported that teacher qualifications and prior training significantly influence their ability to manage behavioural disorders.

VI. CONCLUSION

The STP significantly improved knowledge scores in the experimental group ($p < 0.001$). No significant change was observed in the control group. The experimental group's post-test mean score was significantly higher than that of the control group. The *t*-value of 18.42 with 98 degrees of freedom and a *p*-value of <0.001 confirms a highly significant difference. This reinforces the conclusion that the Structured Teaching Programme was effective in enhancing knowledge about conduct disorder among primary school teachers. In conclusion, the study provides compelling evidence that Structured Teaching Programmes are effective tools for enhancing teacher knowledge about conduct disorder, particularly in underserved rural communities. Integrating such programs into teacher training curricula could foster early identification, reduce stigma, and improve outcomes for children with behavioural challenges.

VII. LIMITATIONS

- Short follow-up period; long-term retention not assessed.
- Self-reported data may be subject to bias.
- Limited generalizability beyond the Piprali region.

VIII. RECOMMENDATIONS

- Integrate STP modules into regular teacher training programs.
- Conduct periodic refresher workshops on child behavioural health.
- Develop region-specific educational materials on conduct disorder.
- Encourage collaboration between educators and mental health professionals.

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